

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <p>Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following:</p> <ol style="list-style-type: none"> 1. Physical therapy sprinkler head is not in the correct orientation. 2. Shower room at nursing station 2 has mixed sprinkler heads. 1 of 4 standard response sprinklers is mixed with quick response sprinklers. 3. Underneath the porch area from the exit discharge by laundry, the side wall sprinkler is corroded. 4. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines. 5. Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines. 6. In the attic above the corridor by room 104, wires are draped over the sprinkler line. 7. In the attic above the corridor by room 113, 1 sprinkler head is obstructed by insulation fallen over top of the sprinkler head and insulation fallen partially down and obstructing the spray pattern of the other sprinkler head protecting the eaves. 	K 062	<p>K062 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ol style="list-style-type: none"> 1. Sprinkler company will be contacted to correct the orientation of the sprinkler head in PT, replace the standard response sprinkler heads in the Unit 2 shower room with quick response—thus making all of them in the room of uniform style, replace the corroded side wall sprinkler underneath the porch area from the exit outside laundry, and move the sprinkler head by the Unit 1 nurses' station outside the shower room so that it is placed at least 5 inches away from the wall. This will be completed by 4/24/15. 2. On 3/8/15, the Maintenance department corrected the issue with wires that were zip tied to sprinkler lines in the locations above the drop ceiling by both the fire doors by the administration office and by room 109. 3. On 3/8/15, the Maintenance Department removed the insulation that was obstructing the two sprinkler heads and their spray patterns located in the attic above the corridor by room 113. 4. On 3/8/15, the Maintenance department removed the wires that were draped over the sprinkler line located in the attic above the corridor by room 104. 	4/24/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jennifer B. Henderson *Executive Director* *3/26/15*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <p>Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following:</p> <ol style="list-style-type: none"> 1. Physical therapy sprinkler head is not in the correct orientation. 2. Shower room at nursing station 2 has mixed sprinkler heads. 1 of 4 standard response sprinklers is mixed with quick response sprinklers. 3. Underneath the porch area from the exit discharge by laundry, the side wall sprinkler is corroded. 4. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines. 5. Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines. 6. In the attic above the corridor by room 104, wires are draped over the sprinkler line. 7. In the attic above the corridor by room 113, 1 sprinkler head is obstructed by insulation fallen over top of the sprinkler head and insulation fallen partially down and obstructing the spray pattern of the other sprinkler head protecting the eaves. 	K 062	<p>How will you identify other residents having the potential to be affected by the same deficient practice?</p> <p>Maintenance Department will examine the facility to ensure there are no additional failures to maintain the automatic sprinkler system and its' components. Any areas found will be repaired/replaced with approved materials, and by approved personnel.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The Maintenance Director/designee will conduct a monthly audit involving an inspection of our facility and attic space for 3 months to ensure our facility appropriately maintains our automatic sprinkler system and its components.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not re-occur, i.e., what quality assurance program will be put into place?</p> <p>The Maintenance Director/designee will report findings of the audits to the interdisciplinary PI committee for 12 weeks or until 100% compliance is achieved.</p>	4/24/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*James B. Henderson**Executive Director**3/26/15*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2015

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system and its components.</p> <p>The findings include:</p> <p>Observation on March 8, 2015 between 9:30 a.m. and 2:15 p.m. revealed the following:</p> <ol style="list-style-type: none"> 1. Physical therapy sprinkler head is not in the correct orientation. 2. Shower room at nursing station 2 has mixed sprinkler heads. 1 of 4 standard response sprinklers is mixed with quick response sprinklers. 3. Undemeath the porch area from the exit discharge by laundry, the side wall sprinkler is corroded. 4. Above the drop ceiling by the fire doors by the administration office, wires are zipped tied to the sprinkler lines. 5. Above the drop ceiling in the corridor by room 109, wires are zipped tied to the sprinkler lines. 6. In the attic above the corridor by room 104, wires are draped over the sprinkler line. 7. In the attic above the corridor by room 113, 1 sprinkler head is obstructed by insulation fallen over top of the sprinkler head and insulation fallen partially down and obstructing the spray pattern of the other sprinkler head protecting the eaves. 	K 062	The Performance Improvement committee includes the Executive Director, Director of Nursing, Medical Director, Consultant Pharmacist, Director of Rehabilitation Services, Director of Health Information, Director of Social Services, Director of Food Services, Director of Maintenance, Staff Development Coordinator, Skilled MDS Coordinator, Director of Environmental Services, and other Interdisciplinary team members. The PI committee will review the results of these audits. If deemed necessary by the committee, the process will be evaluated/revised.	4/24/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Janet B. Henderson *Executive Director* *3/26/15*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 062	Continued From page 1 8. Sprinkler head at nursing station 1 outside of the entrance to the shower room is within 4 inches of the wall. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 8, 2015. NFPA 25 2-2.1.1*, 2-2.1.2*, 2-2.2, 5-6.3.3	K 062			4/24/15
K 072 SS=D	C/O #35776 NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have the means of egress free from obstructions and impediments. The findings include: Observation on March 8, 2015 at 9:00 a.m. revealed wheel chairs and lifts were being stored by room 221 through 232 and by room 207 when not in use. At 2:30 p.m. the lifts and wheel chairs were still stored in the same locations and not relocated or moved out of the corridor until the fire drill was initiated. This finding was verified by the maintenance	K 072	K072 NFPA LIFE SAFETY CODE STANDARD What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On March 8, 2015 in the late afternoon numerous associates removed wheelchairs and lifts from inappropriate storage by room 221—232 and by room 207, and ensured items were stored appropriately. How will you identify other residents having the potential to be affected by the same deficient practice? ED met with DON, Maintenance Director, Unit Manager, Treatment Nurse, Director of Rehabilitation, Dietary Manager, and Central Supply on 3/25/15 and the team identified appropriate storage areas for needed equipment.	4/24/15	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37780		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 072	Continued From page 2 director and acknowledged by the administrator during the exit conference on March 8, 2015.	K 072	<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Department heads were inserviced by ED on 3/26/15 and associates in all other facility departments will be inserviced by the DON/SDC/Maintenance on 3/27/15 on appropriate storage areas for equipment, as well as the requirement that no furnishings, decorations, or other objects can obstruct access to, egress from or visibility of exits.</p> <p>SDC/Maintenance Department/Weekend Manager will perform a daily audit of our hallways to ensure all means of egress are maintained free from obstructions and/or impediments, and any issues will be immediately addressed.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not re-occur, i.e., what quality assurance program will be put into place?</p> <p>The Maintenance Director/designee will report findings of the audits to the interdisciplinary PI committee monthly for 3 months or until 100% compliance is achieved.</p> <p>The Performance Improvement committee includes the Executive Director, Director of Nursing, Medical Director, Consultant</p>		4/24/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 072	Continued From page 2 director and acknowledged by the administrator during the exit conference on March 8, 2015.	K 072	Pharmacist, Director of Rehabilitation Services, Director of Health Information, Director of Social Services, Director of Food Services, Director of Maintenance, Staff Development Coordinator, Skilled MDS Coordinator, Director of Environmental Services, and other Interdisciplinary team members. The PI committee will review the results of these audits. If deemed necessary by the committee, the process will be evaluated/revised.	4/24/15	